DAILY MEAL COUNT- LUNCH AND BREAKFAST

# Serving Days	Date	REIMBURSABLE LUNCH MEALS					REIMBURSABLE BREAKFAST MEALS					EDIT CHECK Complete Prior to Submitting Monthly Claim for Reimbursement
		Free	Reduced Price	Paid	Total	Total Adults	Free	Reduced Price	Paid	Total	Total Adults	
1												Month Year
2												
3												School/Institution
4												
5												Students Enrolled
6												
7												Approved Free Students
8												
9												Approved Reduced-Price Students
10												
11												Eligible Paid Students
12												
13												Enrollment X State Attendance Factor =
14												Average Daily Attendance (ADA)
15												_____ X .95 = _____
16												**Enrollment *ADA**
17												*Enter in "D" on monthly Claim for Reimbursement
18												
19												Approved Free X State Attendance Factor =
20												Average Number Eligible for Free Meals
21												_____ X .95 = _____
22												**Number Free Students Average Eligible Free**
23												
24												Approved Reduced-Price X State Attendance Factor =
25												Average Number Eligible for Reduced-Price Meals
26												_____ X .95 = _____
27												**Number Red. Students Average Eligible Red.**
28												
29												Approved Paid X State Attendance Factor =
30												Average Number Eligible for Paid Meals
31												_____ X .95 = _____
Total												**Number Paid Students Average Eligible Paid**

Retain this form with the monthly Claim for Reimbursement.   Revised 07/01